



New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**  
Central Repository for Criminal Records  
33 Hazen Drive, Concord, NH 03305

**NEW HAMPSHIRE BANKING DEPARTMENT CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM**  
AUTHORITY NH RSA 397-A:1 – A:5; 361-A:2; 397-B:1 - B:4; 399-A:1 – A:3; 399-D:2 – D:5

**SECTION I**

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

**NAME** \_\_\_\_\_  
LAST (MAIDEN/ALIAS) FIRST MI

**ADDRESS** \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**DATE OF BIRTH** \_\_\_\_\_ **HAIR COLOR** \_\_\_\_\_ **EYE COLOR** \_\_\_\_\_ **SEX** \_\_\_\_\_

**DRIVER LICENSE NUMBER** \_\_\_\_\_ **STATE** \_\_\_\_\_

My below signature certifies I am the individual listed above and that the information provided is true.

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

**SECTION II**

IF RECORD IS TO BE MAILED **TO YOU, OR** RECEIVED BY SOMEONE OTHER THAN YOURSELF,

**ALL OF SECTION II MUST BE COMPLETED**

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON / FIRM TO RECEIVE RECORD \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**YOUR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NOTARY'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Affix Seal) (Comm. Exp.)

\_\_\_\_\_  
**SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD** **DATE** \_\_\_\_\_

**NOTE: A \$39.00 fee is required for each request - make checks payable to: State of NH – Criminal Records.**

☐ **Applicant fingerprint card attached.**